## P08000072390

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Health First Physic	cian Specialties, Inc.					
DOCUMENT NUM	BER: P08000072390						
	s of Amendment and fee are su	ibmitted for filing.					
Please return all corre	espondence concerning this ma	atter to the following:					
	Tracy G. Cummings						
	Name of Contact Person						
	Health First Shared Services. Inc.						
		Firm/ Company	· ·				
	6450 US Highway 1						
	Address						
	Rockledge, FL 32955						
	City/ State and Zip Code						
	tracy.cummings@hf.org						
		sed for future annual report	notification)				
	is than address, to be a	sed for fature annual report	notification)				
For further information	on concerning this matter, plea	se call:					
Tracy G. Cummings		at (	de & Daytime Telephone Number				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State;				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address		Street Address					
	endment Section	Amendment Section					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2022 1711 21 All Cont

P08000072390 (Document Numb	per of Corporation (if known) this Florida Profit Corporation adopts the following amendment
(Document Numb	•
	•
	this Florida Profit Corporation adopts the following amendment
Pursuant to the provisions of section 607.1006. Florida Statutes, as Articles of Incorporation:	
A. If amending name, enter the new name of the corporation	n:
N/A	
name must be distinguishable and contain the word "corporation." Inc., " or Co., " or the designation "Corp," "Inc," or "Co" Chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
If amending the registered agent and/or registered office a	address in Florida, anter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
name of the Registered Agent	
(Florid	la street address)
New Registered Office Address:	City) , Florida, Florida
	·
iew Registered Agent's Signature, if changing Registered Ag	gent:
hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Theck if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

$\underline{X}$ Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	D		Steven P. Johnson	6450 US Highway 1
X Add			· · · · · · · · · · · · · · · · · · ·	Rockledge, FL 32955
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				

Attach additiona	adding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
N/A	
<del></del> .	
_	
If an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions for i	mplementing the amendment if not contained in the amendment itself:
(if not appli	cable, indicate N/A)
N/A	

	10/21/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	01/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	Line
	(no more than 90 days after amenament file	aate)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sh	areholder action and shareholder
■ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	••	
<u> </u>	(voting group)	
Dated	1/10/2022	
Signature		<del></del>
	director, president or other officer - indirectors or officers h	
	ed, by an incorporator — if in the hands of a receiver, trustee ated fiduciary by that fiduciary)	, or other court
аррон	act indiciary by that indiciary)	
	Nicholas W. Romanello	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	